



Patient/Client Rights

Welcome to WellSpace Health! We are committed to providing you with high-quality medical, dental, and behavioral health services. The safety and well-being of patients/clients are enhanced when they actively partner in the healthcare process. Please review the following information carefully. If you have any questions, please ask a staff member for assistance.

Access to Care and Services:

You have the right to:

1. Access to care without discrimination based on age, ethnicity, ethnic group identification, disability, race, national origin, religion, sex, sexual orientation, sexual preference, gender identity, gender identification, residence, military status, insurance status or ability to pay.
2. Access to free, accurate, and timely interpretation and translation services ensuring your privacy is protected.
3. Receive care with accessible equipment (e.g., scales, exam tables, mammography machines) if you have a disability. This also applies to telehealth, websites, and mobile apps.
4. Receive necessary accommodations for speech, hearing, or vision disabilities (e.g., qualified interpreters, large print materials) that are free, accurate, timely, and protect your privacy.
5. Timely response to any reasonable requests for services within the Health Center's capacity, mission, and applicable laws and regulations.
6. Information on how to appropriately access urgent or emergency services.
7. Information on how to seek a second opinion and seek specialty care.
8. Protection from discrimination using Artificial Intelligence (AI) as your care cannot be determined by AI, clinical algorithms, or other tools in a discriminatory manner.

Considerate and Respectful Care:

You have the right to:

1. Receive considerate and respectful care that optimizes your comfort and dignity.
2. Receive appropriate care that reflects your values, beliefs, or preferences while acknowledging legal limitations, policy limitations, physical limitations, and psychosocial, spiritual, and/or cultural concerns.
3. Reasonable continuity of care and be informed of future appointments, including the identity of the care provider.
4. Expect care that is free from physical, mental, or emotional abuse, and neglect while receiving healthcare services.
5. Expect that as mandated reporters, all allegations, observations, and suspected cases of neglect, exploitation, and abuse will be reported to the appropriate authorities.
6. Request that any Providers and staff wash their hands before providing care.
7. Be provided with clean, safe, and sanitary accommodations in an alcohol- and drug-free environment.

Knowledge and Information About Your Care:

You have the right to:

1. Request identification of the Provider responsible for coordinating your care and other health



professionals involved in your treatment.

2. Receive information about your care and treatment in terms you can understand, ensuring that all information provided is complete, accurate, timely, and easy to comprehend.
3. Receive enough information to give informed consent or refuse treatment, including an explanation of risks and benefits. Receive enough information to make informed decisions about your care, including an explanation of risks and benefits, and the right to refuse care, treatment, or services.

Active Participation in Your Care:

You have the right to:

1. Select and/or request a change of your healthcare provider. While we make every effort to honor your choice, provider availability may vary due to staffing limitations. If your request cannot be accommodated, you will be provided with an explanation.
2. Actively participate with your healthcare Provider in making decisions about your care and treatment plans.
3. Create Advance Directives regarding your healthcare preferences and participate in decisions regarding end-of-life care.
4. Choose a health advocate (e.g., family member, friend, or professional advocate) to assist you in making decisions about your care and understanding your treatment options.

HIPAA & Confidentiality:

You have the right to:

1. Access your Health Records and to see and obtain copies of your health records (in writing), with WellSpace Health processing requests within 10 business days.
2. Have corrections added - but not replaced - to your health information. (Health Record Amendment)
3. Receive a notice of privacy explaining how your health information may be used or shared.
4. Decide if you want to give permission before your health information is used for purposes such as marketing.
5. Request reports on when and why your health information was shared.

Respect for Patient Rights:

You have the right to:

1. Raise concerns or complaints about your care free of retaliation, without compromising your care or future access to services, and expect a timely and reasonable response.
2. Expect that all WellSpace Health personnel observe patient rights, including the right to appoint a surrogate decision-maker for care when necessary.

Individuals Receiving Treatment for Substance Use Disorder (SUD):

You have the right to:

1. Be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment and in care of personal needs.
2. Be informed by the treatment provider of all the aspects of treatment recommended to the client, including the option of no treatment, risks of treatment, and expected result or results.
3. Be treated by treatment providers with qualified staff.
4. Receive evidence-based treatment.
5. Be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate and the treatment provider is authorized to treat co-occurring conditions.



6. Receive an individualized, outcome-driven treatment plan.
7. Remain in treatment for as long as the treatment provider is authorized to treat the client.
8. Receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized to provide these services.
9. Receive care in a treatment setting that is safe and ethical.
10. Be free from mental and physical abuse, exploitation, coercion, and physical restraint.
11. Be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights was given.
12. Be informed by the treatment provider of the law regarding complaints, including, but not limited to, to be informed of the address and telephone number of the Department of Health Care Services (DHCS).
13. Receive ethical care that covers and ensures full compliance with the requirements set forth in Chapter 5 (commencing with Section 10500) of Division 4 of Title 9 of the California Code of Regulations and the alcohol and other drug program certification standards adopted in accordance with Section 11830.1, if applicable.

Additional Patient Rights in Residential Programs:

You have the right to:

1. Access Pastoral and Spiritual Services if desired.
2. Information About Medical Emergencies and policies related to them.
3. Expect safe and secure sleeping areas, privacy when dressing, and the ability to use appropriate personal displays (e.g., photos).
4. Be involved in decisions regarding restrictions to visitors, mail, and communication, with an opportunity to reduce such restrictions as appropriate.
5. Exercise citizen privileges, including, but not limited to, voting privileges.


If you believe your rights are being denied or your health information is not being protected, you can file a complaint with WellSpace Health Administration at welisten@wellspacehealth.org and/or your health insurer.

If you believe discrimination, abuse or neglect has occurred, you can file a complaint with the Compliance Department at: 916-469-4690 X 9039 or compliance@wellspacehealth.org or by mail at 1500 Expo Pkwy, Sacramento, CA 95815.

You may also report your complaint/grievance anonymously at the:

Compliance Anonymous Hotline: 1-844-995-4923 / WellSpaceHealthmobile.ethicspoint.com

I acknowledge that I have read and fully understood the information provided in this document, and accompanying materials. Any questions I had were answered to my satisfaction. I understand that I will be provided with a copy of these Patient/Client Rights for my reference.

Patient/Client Signature (or Parent/Guardian Signature) 

Date